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909 7590 03/21/2007

PILLSBURY WINTHROP SHAW PITTMAN, LLP
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(Depositor's name)
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/748,851 12/31/2003 Vadim Yevgenyevich Banine 081468-0307473 2813

TITLE OF INVENTION: LITHOGRAPHIC APPARATUS HAVING A DEBRIS-MITIGATION SYSTEM, A SOURCE FOR PRODUCING EUV RADIATION HAVING A DEBRIS MITIGATION SYSTEM AND A METHOD FOR MITIGATING DEBRIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1400 \$300 \$0 \$1700 06/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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RUTLEDGE, DELLA J 2851 355-030000

03/21/2007 RU000000 03230000 033975 10740051

01 PD:1501 1402.00 DE
02 FC:1504 300.00 DE
03 FC:1504 300.00 DE

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PILLSBURY WINTHROP
2 SHAW PITTMAN LLP
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ASML NETHERLANDS B.V.

VELDHOVEN, THE NETHERLANDS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies FIVE

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3975 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Emily T. Bell
Typed or printed name Emily T. Bell

Date June 20, 2007
Registration No. 47418

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